

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

GP-301613

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20=	*4
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY  
OR

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	72
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	812

OTHER THAN  
SMALL ENTITY  
OR

4/19/09 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	28	Minus	27	4
Independent	4	Minus	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	72
X42=		OR X84=	84
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	156

10/07/09

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	28	Minus	28	
Independent	4	Minus	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

ADDITIONAL  
FEE

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

10/07/09

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total				
Independent				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

ADDITIONAL  
FEE

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

provided, (u-7) subject to the provisions of 72-2444. On or about 2023, Plaintiff, Plaintiff, Jack v. B. MCGOWAN & CO., COMMISSIONERS OF COMPTRE

**TRANSMITTAL  
FORM**

(to be used for all correspondence after 1993)

Attorney Docket No	GP-301613 (2780/27)
Application Number	09/970,628
Filing Date	OCTOBER 4, 2001
First Named Inventor	STEVEN P SCHWINKE
Group Art Unit	2881
Examiner	PEREZ, JULIO R

See my

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Response to Non-Final Office Action Dated March 22, 2004  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavit(s)/Declaration(s)  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Extension of Time Request (Docket)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement, PTO-1449, etc.  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, End, Reply Brief)
	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
	<input type="checkbox"/> Person Routing Slip (PTO/SB/69) and Accompanying Person	<input type="checkbox"/> Post Card Receipt
	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (Please Identify Below)
	<input type="checkbox"/> Executed Declaration	
	<input type="checkbox"/> Terminal Disclaimer	
	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request of Refund	
		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>07-0960</u> . A duplicate copy of this sheet is enclosed.
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.135(e) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>07-0960</u> . A duplicate copy of this sheet is enclosed.	

## **CALCULATION OF FEE**

					Small Entity		Large Entity	
	Claims After Amendment		Highest No Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus		0	x \$9=	0	x \$18=	
Indep.		Minus		0	x \$43=	0	x \$86=	
First Presentation of Multiple Dep. Claim					x \$105=	—	x \$290=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

12/13/2004 PERMIT NUMBER 00000001 070820 ABC SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

01 FC:1201 FRANK C. NICHOLAS  
Firm or Individual name 86.00 DA  
Registration No 33,983  
CARDINAL LAW GROUP  
1603 Ortington Avenue, Suite 2000  
Eugene, OR 97401

EVERETT, IL 62201

I hereby certify that this correspondence is being transmitted by facsimile to (703) 872-9314 to the United States Patent and Trademark Office on this date.

Signature		Date April 19, 2004
FRANK C. NICHOLAS (33,983)		